

FRINGE BENEFIT STATEMENT

CEM-2501 (REV 8/1994)

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|---|--|--|--------------------|
| CONTRACTOR OR SUBCONTRACTOR (Please Print) ABC Contractors Inc - CT office | CONTRACT NUMBER Proj#2 | FEDERAL-AID PROJECT NUMBER 12-9858965 | DATE 08/01/2012 |
| TO: RESIDENT ENGINEER OR DISTRICT LABOR COMPLIANCE OFFICER California Dept. Of Transportation Sacramento Office | BUSINESS ADDRESS 123 Some Street Suite 100 Sometown, CA 99999 | | |

Labor Compliance uses the following fringe benefits information (shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications to check payrolls or apply to force account work on the above contract.

COMPLETE AND SUBMIT THIS FORM WITH THE FIRST CERTIFIED PAYROLL OR WHEN THERE HAVE BEEN CHANGES.

| Classification | Fringe Benefit Hourly Amount | Name and Address of Plan, Fund, or Program |
|---|--|--|
| Heavy Equipment Operator | Vacation \$ 0.00 Health and Welfare \$ 10.50 Pension \$ 0.00 Apprentice or Training Fees \$ 0.00 Other \$ 0.00 | Capitol Blue Cross/BlueShield Group #123321 12 Main Street Town, ST ZIP |
| Effective Date 01/01/2012 | | |
| Subsistence and/or Travel Pay \$0.00 | | |
| Classification | Fringe Benefit Hourly Amount | Name and Address of Plan, Fund, or Program |
| Heavy Highway Labor | Vacation \$ 0.00 Health and Welfare \$ 10.50 Pension \$ 0.00 Apprentice or Training Fees \$ 0.00 Other \$ 0.00 | Capitol Blue Cross/BlueShield Group #123321 12 Main Street Town, ST ZIP |
| Effective Date 01/01/2012 | | |
| Subsistence and/or Travel Pay \$0.00 | | |
| Classification | Fringe Benefit Hourly Amount | Name and Address of Plan, Fund, or Program |
| Heavy Highway Pipe Fitter | Vacation \$ 0.00 Health and Welfare \$ 10.50 Pension \$ 0.00 Apprentice or Training Fees \$ 0.00 Other \$ 0.00 | Capitol Blue Cross/BlueShield Group #123321 12 Main Street Town, ST ZIP |
| Effective Date 01/01/2002 | | |
| Subsistence and/or Travel Pay \$0.00 | | |

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs listed above.

NAME AND TITLE (PLEASE PRINT.)

John Smith, President

SIGNATURE

BUSINESS TELEPHONE NUMBER
(555) 555-5555